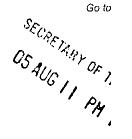
Clerk of the House of Representatives Legislative Resource Center

B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

				1. Effective Date of Registration05/01/200			
2. House le	dentification Number		Senate Identification Number				
REGIST:	RANT			***		· · · · · · · · · · · · · · · · · · ·	
3. Registra	nt name Organization	SmithBucklin Co	rporation				
Address	2025 M Street, NW					,,,,,,	
City	Washington		State DC		Zip 20036	US	
4. Principa	al place of business (if						
City			State		Zip		
5. Telepho	ne number and contact			÷			
	202.367.2390	Contact Ms.	Elizabe	th Carpenter	E-mail ecarpent	er@smithbucklin.con	
	description of registra				<u>.</u>		
7. Client n	A Lobbying firm is required labeled "Self" and proceed ame LexisNexis Spe	to line 10. Sel	<i>!f</i>	,,, ,,			
,	Washington		State DO		Zip 20036	Country	
8. Principa	al place of business (if	different than line					
City			State		Zip	Country	
9. Genera	l description of client's	business or activi	ities				
section a lobby	of each individual who hat has served as a "covered vist for the client, state th Nam	executive branch of executive and/or	official" or "o	covered legisla osition(s) in w	e client identified o tive branch official	" within two years of fi- wed.	
	rst Las		uitia				
John	Richardso	<b>n</b> 					
Elizabe	th Carpenter					.,,	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

LD-1DS (Rev 0403) Page 1

Registrant Name	SmithBucklin Corporation			Client Name LexisNexis Special Services, Inc.				
	NG ISSUES bbying issue area	Find the code to s. Select all applicable		ow. d in instructions and on th	Go to page 3 to add more e reverse side of Form LI			
BUD	MMM							
•		rrent and anticipated) care Analysis and E		vstem (MADS)		<u></u>		
13. Is there ar	n entity other than	NIZATIONS the client that contri whole or in major pa	butes more that plans supe	nan \$10,000 to the lobbying rvises or controls the regi	Go to page 3 to add mong activities of the registratrant's lobbying activities	ant in		
No o	⇒ Go to line 14.		Yes⇔	Complete the rest of this criteria above, then proce	nis section for each entity matching oceed to line 14.			
Name			Addre	SS	Principal place of Busines (city and state or country			
FOREIG	N ENTITIE	S			Go to page 3 to add mo	ore foreig		
14. Is there an	ny foreign entity holds at least 20 directly or indire the client or any	that: % equitable ownersh ectly, in whole or in n organization identific the client or any orga	najor part, pl ed on line 13	nt or any organization iden ans, supervises, controls, o ; <b>Of</b> ntified on line 13 and has	ntified on line 13: <b>OF</b> directs, finances or subsid	lizes ac		
No !	⇔ Sign and date	the registration.			rest of this section for eac criteria above, then sign a			
Nar		Address eet Address y State/Pro	ovince Country	Principal place of business (city and state or country	Amount of contribution for lobbying activities	O P		
				L	For	rm Con		

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